PTO/SB/06 (07-06)

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U.S. Patent and Tradent Affice; U.S. Debart Affice; U.S. Patent and Tradent Affice; U.S. Debart Affice; U.S. Patent and Tradent Affice; U.S. Debart Affice;

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/563,843			ing Date 05/2006	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
Н	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)	
	BASIC FEE	\neg	N/A	LD NO	N/A		N/A	TEE (a)	i	N/A	TEE (0)	
┢	(37 CFR 1.16(a), (b), s SEARCH FEF	or (c))	N/A		N/A				ł			
౼	(37 CFR 1.16(k), (i), (ii)		N/A		N/A		N/A N/A		ł	N/A N/A		
	(37 CFR 1.16(a), (p), (TAL CLAIMS		minus 20 =				x \$ =		OR	x s =		
INE	CFR 1.16(i)) EPENDENT CLAIM	ıs	minus 20 = *			ı	x s =		OR	x s =		
(37	CFR 1.16(h))	If the	If the specification and draw		ne eveged 100	ı			ł	- ·		
	APPLICATION SIZE (37 CFR 1.18(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	n size fee due								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))								1			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								1	TOTAL		
APPLICATION AS AMENDED – PART II OTHER TI (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL										ER THAN		
AMENDMENT	CLAIMS		_	HIGHEST	, ,		01171	L LIVIIII	T	T		
	05/13/2009	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	· 10	Minus	 20	= 0		x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 1	Minus	***3	= 0	l	x \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(a))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.1601)		Minus		=	i	x \$ =		OR	x s =		
	Independent (37 CFR 1,16(h))		Minus	***			x \$ =		OR	x \$ =		
Ξ.	Application Size Fee (37 CFR 1.16(s))								1			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR			
									OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or Independent) is the highest number found in the appropriate box in column 1.												

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in Sife (and by the USETO to noceess) an implication. Confidentiality is governed by 85 USE v. 22 and 37 CER 1.4. If this collection is estimated to state 2 relaminate to complete in exident gradients, preparing, and submitting the completed application form to the USETO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form doubling this burden, subsuld be sent to the CEMPTO. USE and the subsulding the subsulding the complete is complete the formation of Service. USE Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandria, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND T